

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO.

09/302 859

FILING DATE

4-30-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/					52						
3		/					53						
4	/						54						
5		/					55						
6	/	/					56						
7	/						57						
8		/					58						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	0						TOTAL DEP.						
TOTAL CLAIMS	4						TOTAL CLAIMS						